

## **TOWN OF ASHBURNHAM**

Office of the Building Commissioner Town Hall – 32 Main Street Ashburnham, Massachusetts 01430

Richard C. Reynolds Building Commissioner

Permit No.

## APPLICATION FOR INSTALLATION AND INSPECTION OF SOLID FUEL BURNING APPLIANCES, CHIMNEYS, ROOM HEATERS AND/OR CENTRAL HEATING

TYPE OF STOVE OR CHIMNEY:	
DATE:	
NAME:	_TELEPHONE:
ADDRESS:	
CONTRACTOR:	LICENSE #
LOCATION OF SOLID FUEL BURNING DEVICE	∃:
<b>PERMIT FEE: \$30.00</b>	SIGNATURE OF APPLICANT
FOR BUILDING DEPARTMENT USE ONLY:	
INSPECTION MADE:	
COMMENTS:	
CERTIFICATE ISSUED:	
DATE:	
	COMMISSIONER OF BUILDINGS

NOTE: All solid fuel stoves must have outside combustion air



Town of Ashburnham
Building Department
32 Main Street
Ashburnham, MA 01430
Ph 978-827-4100 ext.117
Fx 978-827-4105

For Office Use On	ly
Check	Permit No
Fee Paid	
Date Issued	
<b>Building Official Signatu</b>	re

## APPLICATION TO INSTALL A SOLID FUEL BURNING APPLIANCE

Includes but not limited to, room heaters, stoves, fireplace inserts, furnaces, boilers; see 760 CMR 6007

Name	Property Address		
ASSESSOR'S PARCEL ID NUMBERS	Map Block Lo	ot # of Dwellings	1 or 2
ZONING DISTRICT Single Family	Rural Residential	General Residential	Other
DESCRIPTION OF PROPOSED WORK			
Check all applicable:			
Fuel Type	The following information can		• •
Wood	Stove/Fireplace Manufa	acturer	
Pellet	Model Name/Number		
Coal	Testing Laboratory Nu	nper	
Other	Testing Label Number		
Multi-Fuel		according to manufacturer	<u> </u>
Annlianae Tyre	Front or Side d		inches
Appliance Type	Side (no door)		inches
New Used	Rear Above Top	·	inches inches
Oseu Stove	Above 10p		IIICIIES
Manufactured Fireniese/Incert	Hearth Material (Min 1h	r Fire Pesistance)	
Manufactured Fireplace/insert		arth (Non-Combustible	-
Mason y r replace Circulating (has blower)		s (see mfg. or diagram)	
Radiant (no blower)	Wall Protection Materia		
Radiant (no blower)	Flue Collar Diameter (o		inches
Chimney/Flue Venting Type	Flue Diameter		inches
New	Flue/Chimney Height		feet
Existing	Flue Cap Type/Material	<del></del>	
Masonry Chimney		ing, flue or vent	-
Relined Chimney		es attached to the stove flu	ie? Yes No
Metal Chimney	o, o appliano		
Direct Vent			
Brief Description of Proposed Wo	rk:		
Stove Dimensions Height	inches Lenath i	nches Width ir	nches
ESTIMATED CONSTRUCTION COS			
venting/chimney parts and materia separate permit and licensed elec			eriais, electricai Wo
sonarato normit and liconcod bloc'	mcian), and labor for all Of th	ie apove:	

WORKERS' COMPENSATION INSURANCE AFFIDAVIT (MGL c. 152 s25C (6)) Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of issuance of the building permit.

	TION TO INSTALL A SOLID	FUEL BURNING APPLIAN	NCE PERMIT #
CONSTRUCTION SE		Deviatored Ham	- Improvement Contractor
Licensed Construction			e Improvement Contractor
Not Applicable, Se		Not Applicabl	
Name		Name	
Pnone		Pnone	
CS License #	Exp	HIC #	Exp
Licensed Construction	Supervisor Signature	Reg. Home Impro	ovement Contractor Name
"homeowners" was external individual for hire who considered a homeouth of the considered a homeouth of the considered and the	ended to include owner-occup does not possess a construction, Section 5108.3.5.1 Exception does to reside on which there is, such use and/or farm structure owner. The undersigned "home g Dept. inspection requirement Homeowner Signature	nied one or two-family dwell in supervisor's license, providen) Definition of Homeowner: I or is intended to be, a one or es. A person who constructs rowner" assumes responsibility, and all other applicable coordinates.	
MGL c. 142A requires t demolition, or construct	ion of an addition to any pre-ex ructures which are adjacent to	on, renovation, repair, moder kisting owner-occupied buildir	nization, conversion, improvement, removal, ng containing at least one but not more than four be done by registered contractors, with certain
Registration is not requ Work excluded Job under \$100 Building not ow	0 0	permit or dealing applicable home in	given that owners pulling their own with unregistered contractors for mprovement work do not have tration program or guaranty fund
Owner pulling of		Signature of Own	er/Agent
enclosed space (includi associated with such st	ing bsmt) are subject to Constr ructures shall be accompanied	uction Control pursuant to 78 by a Construction Control Af	ures containing more than 35,000 cubic ft of 0 CMR 116. Applications for Building Permits fidavit and an attached list of names, addressed, tered architects and registered engineers involved
PROPERTY OWNERS	HIP/AUTHORIZED AGENT:		
Owner of Record		Authorized Agent	
Phone Number		Phone Number	
Mailing Address		Mailing Address_	
	FION: Complete this section if of the complete this section is of the complete this section.		pplies for building permit.  uthorize to act on my behalf in
Owner Signature		Date	
l,	D AGENT DECLARATION:, as owner/au	thorized agent hereby declare	e that the statements and information on the
foregoing application ar Signed under the pains	e true and accurate, to the bes	et of my knowledge and belief	
Print Name	Signa	ature of Owner/Agent	Date